Cervical Cancer Task Force
Regular Meeting (virtual)

January 21, 2021
Minutes

Attending Task Force Members (7):
Rhonda Brown, ADH; Michelle Murtha, AFMC; Dr. Sam Greenfield, AMDPA; Kim Wilmot, DHS; Amanda Deel, Arkansas Academy of Family Physicians; Dr. Joseph Su, UAMS COPH; Dr. Kristin Zorn, UAMS.

Absent Task Force Members (5):
Krista Kirksey, ACS; Pam Brown, AHA; Dr. Mike Riddell, AMS; Laura Fletcher, Community at Large; (Vacant), AMHC; (Vacant), Blue Cross/Blue Shield.

Arkansas Cancer Coalition (ACC):
Kirsty DeHan

Other Meeting Attendees:
Mallory Jayroe, ADH; Misty Smith, ADH

I. Old Business – Approval of Minutes

a. The approval of minutes was tabled due to a quorum not being present.

II. Cervical Cancer In Arkansas Presentation By Mallory Jayroe, Cancer Epidemiologist

a. CDC estimates that 90-91% of cervical cancers are attributable to HPV
b. Cancer registries do not collect data on the presence or absence of HPV in cancer tissue
c. ACCR collect the cell types that are more likely to be caused by HPV so that we can estimate the burden. The estimated number of cervical cancers caused by HPV in AR during 2017 is 116. 2018 data will be released soon.
d. HPV vaccination coverage among adolescents aged 13-17 in Arkansas is much lower than the US rate
e. The USPSTF recommends cervical cancer screening every 3 years with cervical cytology in women aged 21-29. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).
f. 80% of women aged 21-65 in Arkansas reported that they have received a pap test in the past three years compared to 20% who reported they have not
g. 1997-2017 data shows that Arkansas has held a higher incidence rate than the US, with black females having a higher incidence than white.
h. 1999-2017 data shows that Arkansas has continued to hold a steady mortality that is slightly higher than the US.
i. Hispanic and non-Hispanic black have the highest rate of incidence (2013-2017) and death (2014-2018) compared to other ethnicities

j. Incidence and death rates in Arkansas are much higher that the majority of the US
k. The CDC determined that 13 cancers associated with overweight and obesity account for 17.4% of the overall cancers diagnosed among Arkansas adults aged 30 and older (2013-2017)
l. Obesity is a cause of Endometrium cancer. Cervical cancer is typically not associated with obesity.
m. The World Health Organization launched a global strategy to accelerate the elimination of cervical cancer by meeting the following targets by 2030:
    i. 90% of girls fully vaccinated with the HPV vaccine by 15 years of age
    ii. 70% of women screened using a high-performance test by age 35 and again at 45
    iii. 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed)
n. Due to COVID-19, there have been a few factors that have interrupted vaccinations for cervical cancer, such as: screening and treatment services available, availability of supplies, travel from rural areas, and school closures.
o. Dr Greenfield would like to overlay the data from the Breastcare services map with cervical cancer rates in Arkansas. Dr. Greenfield will contact Breastcare (Amanda Hunter) for an update on a provider map.
p. Can we look into Breastcare funding to address abnormal pap smear next steps? We may not be able to make any changes in legislation at this time.

III. Survey – Colposcopy Deserts

a. Is there a need for a survey to go out to providers and who does it need to go out to?
b. It's not that providers won't perform a colposcopy, it's that they won't do it for BreastCare patients because of the reimbursement rate.
c. Michelle Murtha was not able to pull data by billing codes. She can only pull Medicaid data.
d. Brad martin at the UAMS college of pharmacy has access to a database. He could pull data by 3-digit zip code. We should ask to pull by county if possible, to narrow data. Local primary care providers may be able to identify the gaps.
e. Obtain list of clinicians and family physicians and send them a survey.
f. Dr. Bala is the president of the Arkansas Academy of Family Physicians. Maybe he could help increase the response rate.

IV. Member Updates

a. Dr. Greenfield was not able to talk about cervical cancer on the radio show, due to COVID-19 and the vaccine dominating the conversation
b. The Cervical Cancer Task Force page on the Arkansas Department of Health website is in dire need of an update. Dr. Greenfield recommended that we list the organization members who represent the task force on the website, as the organizations won't change due to legislation, but members will change.

c. The presentation showed poverty tracking for the vaccine. How do we improve the vaccination rates? Success has been found in school-based vaccinations. There seems to be a stigma with getting vaccinated at a local health department. There is also a gap in pediatricians stocking the vaccine (financial issues). With those pediatricians being unable to provide the vaccine, the at or above poverty are not willing to go to local health unit for the vaccination.
d. Is there a way to leverage the knowledge base of the HPV vaccine? Physicians agree with information about the HPV vaccine but are financially unable to provide it. If COVID is an annual vaccine, it would be a good time to revisit preventive health care and look at funding mechanisms.
e. It is difficult for schools to give the vaccine as it is not mandated by schools to get the vaccine
f. There is some parental hesitance towards the vaccine but now the the vaccine is a two-dose model, it would be good to hold a local pharmacy drive through twice annually or work with local pediatrics and family medicine clinics. This could coincide with other vaccinations like flu or COVID. Change the model so parents don't need to make appointments with a pediatrician.
g. Harps pharmacy is working with Ben Teeter (UAMS College of Pharmacy) and is open to collaboration regarding administering the HPV vaccine and finding out what the barriers are to pharmacists administering the HPV vaccine.
h. Medicaid has expanded the role of pharmacies providing the vaccine. There was a low enrollment number for pharmacies who want to enroll. Why? Was there a trend in national verses small independent pharmacies? Kim Wilmot will look up the number of pharmacies enrolled in administering the HPV vaccine.
i. If the state board of education creates a policy on the COVID vaccine. We should cease the opportunity for an HPV and COVID vaccination. UAMS is big on NCI designation. This would be the kind of thing to show that they are influencing public policy. Kristin offered any UAMS resources that we would need.
j. Is Medicaid making payments for adults over the age of 26 who get the HPV vaccine? Amanda Deel recommends the vaccine to women but tells them to check with their insurance provider. Kim Wilmott believes it is not covered but will check.

Meeting adjourned at 5:34pm.

The next meeting is April 22, 2021 at 4:30 p.m. via Zoom.